



Computerized Delivery Sequence (CDS) Customer Application/Renewal Form

Customer ID:	USPS Use Only	Previous Customer ID:	Initial Qualification Date:
Primary Contact:		Phone:	Fax:
Primary Contact Email Address:			
Secondary Contact:		Phone:	Fax:
Secondary Contact Email Address:			
Company Name:			
Address:			Suite:
City:		State:	ZIP+4:

BILLING ADDRESS (if different from above)

Billing Contact:	Phone:	Fax:
Company Name:		
Address:		Suite:
City:	State:	ZIP+4:

Do you want your company listed on the USPS Web site (www.usps.com)? ☐ Yes ☐ No
If yes, please provide the mailing address and phone number you wish to be listed if different from above.

Address:		Suite:
City:	State:	ZIP+4:
Phone:	Fax:	Email Address/Web Site:

RENEWALS - Renewed Computerized Delivery Sequence (CDS) subscriptions will include those ZIP Codes and address groups that the CDS customer is qualified for at the end of the current CDS subscription. CDS subscriptions will only be renewed if all payments due the NCSC are current.

Privacy Notice - See our privacy policy on usps.com.

☐ I understand that in order to receive future updates, all appropriate fees must be returned and received by the NCSC on or before the due date indicated on the invoice. Failure to meet payment deadlines will result in disqualification.

Customers acknowledge by their signature below that the above named individuals are authorized to act on behalf of their company in matters dealing with the acquisition of CDS file information from the US Postal Service. Customers also acknowledge they understand the terms and conditions outlined in the *Domestic Mail Manual* section A920 and in the *CDS Users Guide* as they relate to the qualifications and acquisition of the CDS files.

Printed Name of Authorized Company Representative

Signature of Authorized Company Representative

Date

Billing Options
☐ **Annual Billing**
☐ **Bi-Monthly Billing** (See CDS User Manual for Bi-Monthly Billing criteria)

(Billing option may not be changed after January 1st.)
Fulfillment Options

Media	Density	Label Option	Character Set	Frequency
<input type="checkbox"/> 3480 Cartridge	38K BPI	No Label	ASCII	Bi-Monthly
<input type="checkbox"/> CD ROM	ISO 9660	----	ASCII	Bi-Monthly
<input type="checkbox"/> Electronic				Weekly

Seed Address Options

Do you rent or lease your list to others?

☐ Yes ☐ No

If Yes, do you want to receive seed addresses from the NCSC?
(See CDS User Guide for Seed Address usage criteria)

☐ Yes ☐ No

Congressional District Code Options

Do you wish to receive Congressional District Code information for the ZIP Codes for which you are currently qualified?
(See CDS User Guide for information about the Congressional District Code files available to CDS customers)

☐ Yes ☐ No

For USPS Use Only

Date Received: _____ Received by: _____

Folder Set-Up Date: _____

eCDS Folder Name: _____ Start-Up Password: _____

Base File Date (Cycle Date): _____ Base File Media: _____

Additional Base File Requests (dates): _____

Transaction Files Start Date: _____

Congressional Info Start Date: _____

Request Submitted to Programmer: _____ Request Initiated by Programmer: _____

Comments/Notes: